09426

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (43)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Appeal
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Appeal, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Columbus Washington Bafford

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rebecca Bafford

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) February 22, 1876

8. AGE: Years 64 Months 6 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Richard Bafford
13. Birthplace Cal. Co. Md.

MOTHER
14. Maiden name Annie Rebecca Gott
15. Birthplace Cal. Co. Md.

16. Informant Richard Bafford

Address 4216 Diller Ave. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 8, 1940 (month) (day) (year)

Cemetery or crematory St. Paul's

Location Lusby

18. Funeral director A. A. Harkness & Son

Address Mutual Md.

19. 9/7/40 (Date rec'd by registrar) 19 Dr. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1940, at 12.45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 1937, to Sept 6 1940, and that I last saw him alive on Sept 5 1940.

Immediate cause of death Mycosis Fungoides

DURATION 6 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jay C. Jett M. D. or other

Address Prince Frederick, Md. Date signed 9/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

09427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County: Calvert

City or town: Solomons,

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Ruxton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Club road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lucille Anna Bailly

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband ~~or wife~~: Ernest T. Bailly

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): 3/21/1893

8. AGE: Years: 47 Months: 5 Days: 17 If less than one day: hrs. min.

9. Birthplace: Manhattan - New York

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Gottfried Gerber

13. Birthplace: Potsdam, Germany

MOTHER

14. Maiden name: unknown

15. Birthplace: Potsdam, Germany

16. Informant: Ernest T. Bailly

Address: Ruxton, Maryland

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: 9/11/40 (month) (day) (year)

Cemetery or crematory:

Location: Baltimore, Maryland,

18. Funeral director: Lamereau

Address: Baltimore, Md.

19. 9/8 1940 Dr E S Coster

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept - 8 1940, at 7:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/8 1940 to 19

and that I last saw her alive on 9/8/40 19

Immediate cause of death: Gastric ulcer — DURATION: 7 yrs

Due to: Gastric hemorrhage — 15 m.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. E. S. Coster, M. D. or other

Address: Solomons, Md Date signed: 9/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09428

51

1. PLACE OF DEATH (S)

County Calvert Registration Dist. No.

Village or City Huntingtown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Brooks If U.S. Veteran specify WAR

(a) Residence: No. Huntingtown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9-14-40

7. AGE Years stillborn Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huntingtown (State or country) Md

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) Willows (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) Willows (State or country) Md.

17. INFORMANT James Brooks (Address) Huntingtown

18. BURIAL, CREMATION, OR REMOVAL Place St Edwards Date 9/14, 1940

19. UNDERTAKER James Brooks (Address) Willows Md

20. FILED 9/14, 1940 W. T. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9/14, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from stillborn, 19, to, 19

I last saw h alive on, 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Still birth

Date of onset

Other Contributory Causes of Importance: antepartum hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. J. Wagner M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Solomons

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Solomons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elsie M. Dean

3. (b) Social Security Number None

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John E. Dean

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1889

8. AGE: Years 51 Months 2 Days 19 If less than one day hrs. min.

9. Birthplace Calvert Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Albert Tarlton

13. Birthplace Maryland

MOTHER 14. Maiden name Mollie Elliott

15. Birthplace Maryland

16. Informant Allen Dean

Address Solomons, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Sept 26 1940 (month) (day) (year)

Cemetery or crematory Solomons, Md

Location Solomons Md.

18. Funeral director A. A. Harkness & Son

Address Mutual Md

19. 9/25/40 19 W. E. Sloster (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1940, at 4.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1940, to Sept 24 1940, and that I last saw her alive on Sept 23 1940.

Immediate cause of death Hypernephroma of left kidney

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 months

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fage Jett M. D. or other

Address Date signed

(M) (I) (T)

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09430

(161-C)

1. PLACE OF DEATH

County Calvert Registration Dist. No. 57

Village or City Pr. Fred No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Holland If U. S. Veteran, specify WAR

(a) Residence: No. Sutherland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sunderland (State or country) Md.

FATHER

13. NAME Rosher Holland

14. BIRTHPLACE (city or town) Paris (State or country) Md.

MOTHER

15. MAIDEN NAME Elnor Reid

16. BIRTHPLACE (city or town) Sunderland (State or country) Md.

17. INFORMANT Rosher Holland (Address) Sunderland, Md

18. BURIAL, CREMATION, OR REMOVAL Place Sunderland Date 9-23, 1940

19. UNDERTAKER Roger Holland (Address) Paris, Md

20. FILED Sept 23, 1940 W. T. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1940, to 9-23, 1940

I last saw her alive on 9-23, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Post natal umbilical hemorrhage	

Other Contributary Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. H. Wagner M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

09431

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Dares
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME Gulbon Holman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 21, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace: Dares. Calvert Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER
12. Name: Daniel Holman
13. Birthplace: Ash County N. C.

MOTHER
14. Maiden name: Janey Williams
15. Birthplace: Sugar Grove Va

16. Informant: Daniel Holman
Address: Dares, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/21/40 (month) (day) (year)
Cemetery or crematory: Private burial ground
Location: Dares

18. Funeral director: Daniel Holman
Address: Dares, Md.

19. 9/21 19 40 (Date rec'd by registrar) I.N.King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Pregnalundy 5½ months gestation	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jas E Holt M. D. or other
Address: Prince Frederick Date signed 9/21/40

RECEIVED
OCT 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

09432

CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Solomons, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Solomons, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carrie L. Jones

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: John W. Jones
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Sept. 13, 1875

8. AGE:

Years	Months	Days	If less than one day
65	0	16	hrs. min.

9. Birthplace: Solomons, Calvert Co. Md
(Town, county, and state)

10. Usual occupation: Home

11. Industry or business

FATHER
12. Name: William Files
13. Birthplace: Germany

MOTHER
14. Maiden name: Jane Capfrot
15. Birthplace: Baltimore, Md

16. Informant: Mrs. John W. Jones
Address: Solomons, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 1, 1940 (month) (day) (year)
M.E.
Cemetery or crematory: Solomons Cemetery
Location: Solomons, Md.

18. Funeral director: A. A. Hackmen & Son
Address: Mutual, Md.

19. 9/29 (Date rec'd by registrar) 1940 Dr. E.S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 29, 1940, at 3 A.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 28 1940 to Sept 29 1940 and that I last saw her alive on 9/28/40 19

Immediate cause of death	DURATION
Chronic Phthisis	15 Yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. S. Coster M. D. or other
Address: Solomons, Md Date signed 9/29/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

09435

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Calvert

City or town Parran - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Parran

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	single

8 (b) Name of husband or wife

6(c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) September 9, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Parran Calvert Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name J. Hamilton Parran

FATHER 13. Birthplace Calvert Co., Maryland

MOTHER 14. Maiden name Alice Jones

MOTHER 15. Birthplace Calvert Co. Maryland

16. Informant J. Hamilton Parran

Address Parran, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 10, 1940 (month) (day) (year)

Cemetery or crematory Plum Point

Location Plum Point

18. Funeral director J. Hamilton Parran

Address Parran, Md.

19. 9/10 19 40 (Date rec'd by registrar) J. M. Tenney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Tenney M. D. or other

Address Prince Frederick, Md. Date signed 9/10/40

RECEIVED
OCT 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-D)

09434

CERTIFICATE OF DEATH

Reg. Dist. No. 58

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: St. Leonards, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas W. Ramsay Jr.

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar. 11, 1940

8. AGE: Years — Months 6 Days 1 If less than one day hrs. min.

9. Birthplace: St. Leonard, Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Thomas Ramsey
13. Birthplace: Calvert Co., Md

MOTHER
14. Maiden name: Katherine Gott
15. Birthplace: Calvert Co., Md.

16. Informant: Katherine Gott
Address: St. Leonards, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 14, 1940 (month) (day) (year)

Cemetery or crematory: Emanuel Church

Location: Plum Point, Md

18. Funeral director: A. A. Harkness & Son
Address: Mutual, Md.

19. Sept. 14 1940, H Clake Briscoe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 12 1940, at 6 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Acute Cardiac Failure

Due to: Bronchial Pneumonia

Due to: Congenital Heart defect

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Roger Jetts M. D. or other

Address: Prince Frederick Date signed 9/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (172) CB 09435

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County Calvert
City or town Solomons
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Dist of Columbia County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6920 Willow St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adam R. Rhan
3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Minnie G. Rhan
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 24-1880
8. AGE: Years 59 Months 9 Days 23 If less than one day hrs. min.
9. Birthplace Lebanon, Pa. (Town, county, and state)
10. Usual occupation Printing
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant Mrs. Minnie G. Rhan
Address Takoma Park D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 19, 1940 (month) (day) (year)
Cemetery or crematory Wash. Memorial Park
Location Riggs Road, Pr. Georges Co., Md.
18. Funeral director J. ARTHUR WALTERS
Address 254 Carroll St. Takoma Park, D.C.
19. 9/17/40 19 Dr. E. S. Coster. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1940, at 4a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death acute Cardiac Failure
Due to accidentally thrown into water as a result
Due to of collision of 2 boats
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Sept 17/40
Where did injury occur? Solomons (City or town) Calo. (County) Md (State)
Injured at home, farm, industry, public place (where?) Patuxent River
Means of injury Injured at work?

23. SIGNATURE Page C. Jett M.D.
acting Deputy Medical Examiner M. D. or other
Address Date signed

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 24 1940
BUREAU F. S.

09436

STATE OF MARYLAND—CERTIFICATE OF DEATH

(94a)

1. PLACE OF DEATH

County Calvert Registration Dist. No. 52

Village or City Chesapeake Beach No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Samuel Williams If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Mae Williams

6. DATE OF BIRTH (month, day, and year): SEPT. 24, 1870

7. AGE: 69 Years | Months: 11 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Montgomery Co Clarksburg

FATHER

13. NAME: Mary Etta Miles

14. BIRTHPLACE (city or town) (State or country): Clarksburg

MOTHER

15. MAIDEN NAME: father Wm Lewis Williams

16. BIRTHPLACE (city or town) (State or country): Clarksburg

17. INFORMANT (Address): Henry Nelson Williams Chesapeake Beach

18. BURIAL, CREMATION, OR REMOVAL

Place: Cemetery Date: Sep 13, 1940

19. UNDERTAKER (Address): Wm H Hutchins Owings Md

20. FILED: Sep 14, 1940 W H Harderty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 11 (Day), 1940 (Year) 8.40

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Dead on Arrival	

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Page Jett M. D.

(Address) Acting Dept Medical Examiner Prince Frederick 9/11/40

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 5 1940
MINEAU V. T.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN